



State of New Hampshire
Liquor Commission
Division of Enforcement & Licensing



CLUBS SUPPLEMENTAL LICENSE FORM

Supplemental for selling alcohol to party renting hall – **NOT FOR CLUB FUNCTIONS.** Any requests for gambling functions must be accompanied by a copy of the gambling permit issued for the event.

Name: _____ License #: _____ Phone #: _____ ()-

Physical Address:

Mailing Address:

(City)

(State)

(Zip)

(City)

(State)

(Zip)

All Requests **MUST BE** received 5 Days prior to earliest event date requested.

Check and complete information as applicable for **EACH** event a supplemental license is requested:

Date: _____ Start Time: _____ End Time: _____

Event: _____

☐ Supplemental Hall Rental

☐ Hall Rental

☐ Bingo

Name of party renting hall: _____

Date: _____ Start Time: _____ End Time: _____

Event: _____

☐ Supplemental Hall Rental

☐ Hall Rental

☐ Bingo

Name of party renting hall: _____

Date: _____ Start Time: _____ End Time: _____

Event: _____

☐ Supplemental Hall Rental

☐ Hall Rental

☐ Bingo

Name of party renting hall: _____

Date: _____ Start Time: _____ End Time: _____

Event: _____

☐ Supplemental Hall Rental

☐ Hall Rental

☐ Bingo

Name of party renting hall: _____

Date: _____ Start Time: _____ End Time: _____

Event: _____

☐ Supplemental Hall Rental

☐ Hall Rental

☐ Bingo

Name of party renting hall: _____

MAIL REQUEST TO: NHSLC, PO BOX 1795, CONCORD NH 03302-1795